



STATE OF TENNESSEE  
Department of Financial Institutions  
Compliance Division  
Nashville City Center  
511 Union Street – Suite 400  
Nashville, Tennessee 37219  
(615)741-3186

**APPLICATION FOR RENEWAL OF  
DEFERRED PRESENTMENT SERVICES LICENSE**

Application is hereby made to renew the license(s) granted pursuant to Chapter 255, Public Acts of 1997, to transact business as a Deferred Presentment Services Business:

1. Mailing Address and Telephone Number(s) of Home Office:  
Person responsible for matters relating to this renewal application

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Name and Title

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Company

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Street

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City, State, Zip Code

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Telephone Number

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Fax Number

**NOTE CHANGES BELOW**

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Name and Title

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Company

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Street

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City, State, Zip Code

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Telephone Number

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Fax Number

Please answer all questions on this page. If necessary, provide details on a separate sheet. The licensee must also file the annual report with this application by **September 1, 2007**.

2. Provide a current list including the name, social security number, residence and business address, residence and business phone numbers and title of each owner, partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholder of the licensee.
3. Has the licensee's business structure or ownership changed during the past year?  
  
Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, detail the changes on a separate sheet.
4. Has the licensee filed for bankruptcy or reorganization within the last year?
5. Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, provide details on a separate sheet.
6. Has the licensee or any partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholder been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity during the past year?  
  
Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, please detail on a separate sheet.
7. Has the licensee ever been subject to any federal or state administrative investigation or order, or is any federal or state administrative investigation or order pending?  
  
Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, please detail on a separate sheet.
8. Has the licensee, or any partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholder been indicted or convicted of a felony in Tennessee or elsewhere?  
  
Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, please provide details on a separate sheet.
9. Is the licensee currently licensed and/or operating as a deferred presentment services business in another state?  
  
Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, please identify the state(s) on a separate sheet.
10. Does the licensee have any contingent liabilities as endorser, guarantor or otherwise?  
  
Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, please provide details on a separate sheet. Include all pending litigation and note any potential settlement amounts that could significantly affect the licensee's financial position.
11. By providing your email address, the Department can send you information quicker and more efficiently.

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e-mail address

**Continued on Next Page**

12. NOTARIZATION.

I, \_\_\_\_\_ a duly authorized officer of \_\_\_\_\_  
Name of Officer

\_\_\_\_\_ certify under the penalties of perjury that all statements above, or  
Name of Applicant

attached hereto, are true to the best of my information, knowledge and belief.

\_\_\_\_\_  
Signature of Applicant Officer

State of \_\_\_\_\_

County of \_\_\_\_\_

The following individual personally appeared before me: \_\_\_\_\_

who, being duly sworn according to law, deposes and says that the statements contained in the above application are true and correct.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

NOTARY SEAL

THIS RENEWAL APPLICATION MUST BE ACCOMPANIED BY A RENEWAL FEE OF \$500 FOR EACH LICENSE. MAKE THE CHECK PAYABLE TO THE TENNESSEE DEPARTMENT OF FINANCIAL INSTITUTIONS. EACH BUSINESS LOCATION IS PRESENTED ON THE FOLLOWING PAGE(S). PLEASE REVIEW THE INFORMATION AND, IF APPLICABLE, MAKE ANY CORRECTIONS IN THE SPACE PROVIDED.